

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL086008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/26/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>TWELVE OAKS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1297 GALAX TRAIL MOUNT AIRY, NC 27030</b>		
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C 000	Initial Comments  Report of Biennial Construction Survey by Dennis Harrell and Bob Getchell on 4-26-2016.  Records indicate this facility was first licensed on 1-17-1997, for 112 residents, including 43 Special Care Beds. Based on this information the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes; the applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code, Group I - Institutional Unrestrained Occupancy.	C 000		
C 111	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: Based on a review of documents, the current fire alarm inspection report contained a "Discrepancy Report" which indicated the existing fire alarm panel had been listed by the manufacturer for recall based on "Due to Alert Failure." Based on observation, the model number listed for recall is still in use in the facility. Also based on observation, the first smoke detector tested activated and latched, but failed to put the fire alarm system into an alarm condition.	C 111	Please see attached Plan of Correction	5-26-16
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT	C 164	Please see attached Plan of correction	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

R4P321

If continuation sheet 1 of 6

*Penny Haynes*

*Administrator*

*5-18-16*

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C 164	Continued From page 1  10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on observation, handles were broken or missing on chests of drawers in rooms 47, 48, 50, 52, 54, 60 and 61.	C 164	See attached Plan of Correction	5-13-16
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; a. There was storage to within 5 inches of the ceiling in the AL supply storage. b. There was storage to within 4 inches of the ceiling in the Activity Office.	C 166	See attached Plan of Correction	1. 9.4.26.16 b. 4.26.16

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C 166	Continued From page 2  2. Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fail, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Finding includes: A large portable medical oxygen cylinder was stored in no rack or container in room 44.  3. Based on observation, the hose on the shower wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.	C 166		2.4-26-16  3. 5-16-16
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the corridor smoke detector near room 11 activated and latched when tested with smoke, but failed to activate the fire alarm system.	C 189	See attached Plan of Correction	1.5-26-16

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C 189	<p>Continued From page 3</p> <p>2. Based on observation, several battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Findings include the followings malfunctioning lights.</p> <ul style="list-style-type: none"> <li>a. Dining room #15,</li> <li>b. Little AL dining room #26,</li> <li>c. Memory Care corridor #32.</li> </ul> <p>3. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;</p> <ul style="list-style-type: none"> <li>a. One side of the smoke barrier doors near the AL med room would not latch when closed.</li> <li>b. The latch had been removed on the other smoke barrier door and a hole was left through the door.</li> <li>c. There was a gap of about 3/8 inch between the doors when closed.</li> <li>d. The ¾ hour fire rated door from the kitchen to the dining room failed to close consistently when released from the magnetic hold open device.</li> <li>e. The doors to bedrooms 33, 34, 37, 41, 53, 63 and 70 failed to latch when closed.</li> <li>f. The door to bedroom 58 rubs the frame making it difficult to close.</li> </ul> <p>4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the</p>	C 189		<p>2.</p> <ul style="list-style-type: none"> <li>a. 4-27-16</li> <li>b. 4-26-16</li> <li>c. 4-27-16</li> </ul> <p>3.</p> <ul style="list-style-type: none"> <li>a. 7-25-16</li> <li>b. 7-25-16</li> <li>c. 7-25-16</li> <li>d. 4-27-16</li> <li>e. 5-6-16</li> <li>f. 5-6-16</li> </ul>

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C 189	Continued From page 4  possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Damaged wall in the boiler room, b. Poorly done patch on the wall under an electric panel in the boiler room, c. Gap where the wall meets the ceiling in the boiler room, d. Gypsum tape and compound falling off the wall in the laundry, e. Hole in ceiling in the AL supply room near room 17, f. Holes in the wall in the hopper room, g. Damaged fire rated box protecting a recessed light in the bathroom at room 17, h. The attic access door in the corridor near room 8 is damaged. i. Holes in ceiling above lights at the med prep room.  5. Based on observation the required one-hour fire rated ceilings were compromised in several locations by missing or improperly fitting sprinkler escutcheons. Compromised fire rated ceilings present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include the following locations: a. Corridor at room 4, b. Corridor at room 41, c. Utility room in Memory Care, d. Administrator's office, e. Parlor at room 17, f. Med prep room,  6. Based on observation, the sampling tube for the duct mounted smoke detectors in the attic at units 6 and 14 were very dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the	C 189		4. a. 5-10-16 b. 5-10-16 c. 5-10-16 d. 4-27-16 e. 4-27-16 f. 4-27-16 g. 5-16-16 h. 5-10-16 i. 6-3-16  5. a. 4-27-16 b. 4-27-16 c. 4-27-16 d. 4-27-16 e. 4-27-16 f. 4-27-16  6. 5-16-16

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C 189	Continued From page 5  duct detector may fail to operate properly.  7. Based on observation, a flexible electrical conduit was broken in the attic near AHU 14. Note: This deficiency was corrected onsite.  8. Based on observation, the exterior portion of the latch was missing on the exit door near room 60.	C 189		7. 4-26-16 8. 5-16-16	
C 150	Exit Door Locks-Single Hand Motion  IV. The Building C. Physical Environment (10 NCAC 42D .1503) 8. The requirements for outside entrances and exits are: c. All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys. (This limits each door, to one locking device which meets the criteria set forth in this standard.)  This Rule is not met as evidenced by: Based on observation, the exit to the smoking porch is designated with an exit sign. The exit path continues through the smoking porch to a fenced in courtyard with a padlocked gate. The courtyard was not nearly large enough to provide a safe refuge in the event of a fire. A Plan of Protection was generated in which the facility agreed to immediately remove the lock and leave it unlocked until such time as they may decide to install a magnetic lock interconnected with the fire alarm system.	C 150	See attached Plan of Correction	8. c. 4-26-16	